

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Ernst & Young Political Action Committee

Full Name (Last, First, Middle Initial)

A. David B. Lauhoff LauhoffMailing Address 99 Wood Avenue South
P.O. Box 751

City	State	Zip Code
Iselin	NJ	08830-0471

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ernst & Young

Occupation

Partner/Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2016

Transaction ID : PR1944684638284

Amount of Each Receipt this Period

500.00

☐ Memo Item

P/R Deduction (\$500.00 Monthly)

Full Name (Last, First, Middle Initial)

B. Robert E Leonard LeonardMailing Address Suite 3800
100 North Tryon Street

City	State	Zip Code
Charlotte	NC	28202-4027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ernst & Young

Occupation

Partner/Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2016

Transaction ID : PR1944684938284

Amount of Each Receipt this Period

500.00

☐ Memo Item

P/R Deduction (\$500.00 Monthly)

Full Name (Last, First, Middle Initial)

C. Robert Mara Mara

Mailing Address 5 Times Square

City	State	Zip Code
New York	NY	10036-6530

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ernst & Young

Occupation

Partner/Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2016

Transaction ID : PR1944686338284

Amount of Each Receipt this Period

500.00

☐ Memo Item

P/R Deduction (\$500.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00